



Serial No.: 10/766,123  
Inventor: Holleman  
TKHR File 11953-1960

**CERTIFICATE OF MAILING**

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as Express Mail (EV 749202356 US) in an envelope addressed to:

**Mail Stop RCE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on 02-16-2006

Mary N. Kilgore  
Mary N. Kilgore

In Re Application of:

Leen Holleman

Serial No.: 10/766,123

Filed: 01-28-2004

For: **Poultry Wing Separator and Partial Deboner**

Confirmation No.: 2104

Group Art Unit: 3643

Examiner: Parsley, David J.

Docket No. 11953-1960

The following is a list of documents enclosed:

Return Postcard  
Amendment Transmittal Page  
Amendment and Response  
Petition for Extension of Time - 1 month  
Request for Continued Examination  
Credit Card Authorization - \$455.

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.

**AMENDMENT TRANSMITTAL LETTER (SMALL)**Applicant(s): **Leen Holleman**

Docket No.

**11953-1960**Serial No.  
**10/766,123**Filing Date  
**01-28-2004**Examiner  
**Parsley, David J.**Confirmation No.  
**2104**Group Art Unit  
**3643**Invention: **Poultry Wing Separator and Partial Deboner****Commissioner for Patents  
Mail Stop RCE  
P.O. Box 1450  
Alexandria VA 22313-1450**

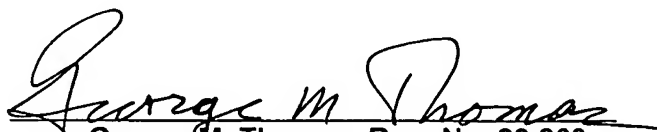
Transmitted herewith is an Amendment and Response in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	13 -	20 =	0	X \$25.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0	X \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				\$180.00	\$
EXTENSION FEE	1 <sup>ST</sup> MONTH <input checked="" type="checkbox"/> \$60.00	2 <sup>ND</sup> MONTH <input type="checkbox"/> \$225.00	3 <sup>RD</sup> MONTH <input type="checkbox"/> \$510.00	4 <sup>TH</sup> MONTH <input type="checkbox"/> \$795.00	\$60.
Other Fees: RCE					\$395.
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00

- ☐ No additional fee is required.
- ☐ Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_. A duplicate copy of this page is enclosed.
- ☐ A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed.
- ☒ A Credit Card Payment Form PTO-2038 is attached in the amount of \$455..
- ☒ The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

  
George M. Thomas, Reg. No. 22,260

2/16/06  
Date